

CAMPAIGN FINANCIAL REPORT

(All of the information in this report is public information)

Name of candidate, committee or corporation Jim Purfeerst

Office sought or ballot question Rice County Commissioner District #1

Type of report X Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
 _____ Final report

Period of time covered by report:

from 6/29/20 to 8/18/20

CONTRIBUTIONS RECEIVED

Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by type (money or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to itemize all contributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employer or occupation if self-employed, amount and date for these contributions.

CASH \$ _____ TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ _____

DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

| Date | Purpose | Amount |
|--------------|----------------------------------|----------------|
| 6/29/20 | Graphic Mailbox Signs | 1336.82 |
| 7/1/20 | Secretary of State Lists WALKING | 30.00 |
| 7/15/20 | T.M. Graphics MAILERS & MAIL | 2741.75 |
| 7/16/20 | GRAPHIC MAILBOX SIGNS | 859.00 |
| TOTAL | | 4967.57 |

CORPORATE PROJECT EXPENDITURES

Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) total more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

Project title or description _____

| Date | Purpose | Name and Address of Recipient | Expenditure or Contribution Amount |
|--------------|---------|-------------------------------|------------------------------------|
| | | | |
| | | | |
| TOTAL | | | 0 |

I certify that this is a full and true statement. Jim Purfeerst _____

Signature

Date

Printed Name Jim Purfeerst Telephone 507-323-5091 Email (if available) jumpurfeerst@gmail.com

Address 7625 240th ST E Fairbault, MN 55021

Report Office Name For Office Use Only: